

BUILDING SAFETY Construction Services & Inspections 411 W 1st St Rm 100 Duluth MN 55802 218 730 5300 permittingservices

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Doc 137-0314

Complete All Items

Permit questions: 730-5240

Building Permit Application

Project Name		Application Date
Site Address	Parcel ID Numb	er
Legal Description: Subdivision, Lot & Block or other de	scription	
Applicant Name	Applicant is: Owner	Contractor Owner's Agent
	Contractor license #:	
Applicant Address	City	State Zip
Applicant Email (REQUIRED)	Applicant Phone (F	REQUIRED)
Owner Name		
Owner Address	City	State Zip
Owner Email (REQUIRED) Owner Phone (REQUIRED)		
Description of proposed work: Residenti Townhou	ial (1 or 2 Family or Multi-fa use) Residen	mily Commercial
Check Applicable: Interior Remodel	Interior Remodel	Demolition
w/ Change of Use New Building Addition	No Change of Use Sitework/Foundation Only	Other
Project Valuation. Include materials and labor for all w	·	
Permit Fee: Plan Review Fee:	State Surcharge:	Total Enclosed:
Design Professional (Architect or Engineer) or Plan Prep	parer Name	
Design Professional or Plan Preparer Address	City	State Zip
Design Professional or Plan Preparer Email (REQUIRED))	Phone (REQUIRED)
Occupancy Use Group(s) circle: A B E F H I M R S U Type(s) of Construction (circle): IA IB IIA IIB IIIA IIIB IV VA VE	Sprinklered? No Food Service Factors No	· •
Does the project site or any area to be disturbed by construction contain wetlands? Applicant's Signature (REQUIRED) No Yes		
I do hereby make application for a building permit. documents are complete and accurate. Work sha information provided with the permit application and s ordinances and laws and conditions of approval. W	all be consistent with the plans and shall comply with applicable codes,	Applicant's Signature (REQUIRED)
Office Use LUTech: Zone District:	Stormwater Zone:	Special Approvals:

Special Approvals: